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**REPORT OF HIS MAJESTY KING MSWATI III KING OF ESWATINI
AND LEADER ON MALARIA ALLIANCE**

**STATEMENT BY HIS MAJESTY KING MSWATI III ON INTRODUCING
A REPORT ON MALARIA IN AFRICA 2018**

1. Transforming Africa's socio-economic landscape and building the Africa we want is predicated on human capital development. Human capital development is predicated on healthy and well-nourished citizens. It is in this context that the African Union is driving the Agenda for increased investments in domestic health financing to lay a solid foundation for strengthened health systems to achieve healthier and fulfilling lives for our people.

2. We have collectively made significant progress to defeat Malaria over the past decade as a result of shared responsibility and global solidarity to rid the continent of this preventable and treatable disease once and for all. Unfortunately, recent reports from our countries and the WHO show that the investments and significant achievements that we have made are under threat and accelerated action is needed now to get countries back on track. In 2017, out of the estimated 219 million global malaria cases, 200 million (92% of global cases) were in Africa. These cases resulted in 403 thousand deaths across the continent (93% of global deaths).

3. During our July 2018 summit in Nouakchott, Islamic Republic of Mauritania, President Macky Sall and myself jointly launched the "Zero Malaria Starts with Me" campaign which was subsequently endorsed by the Assembly. This campaign prioritizes increased urgency through grassroots action, increased advocacy and social mobilization, resource mobilization, information and data for action and promotion of accountability. The campaign seeks to ensure sustained action towards the full implementation of the Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030 and the Global Technical Strategy for Malaria (2016-2030). As we are all aware, we are at the crossroads in the malaria fight. If we continue with business as usual, we risk malaria resurging in our countries with severe implications on the resources needed to put us back on track with significant economic implications as well as the health and well-being of our populations that will threaten the achievement of the broader goals of Agenda 2030 and Agenda 2063. It is in light of this that Heads of State and Government launched the Zero Malaria Starts with Me Campaign.

4. At the summit in Nouakchott, Islamic Republic of Mauritania we requested the African Union Commission and RBM Partnership to End Malaria to report to us at this summit on the progress of the campaign. I am thus proud to present this report before you, which has been prepared by national malaria experts under the Chairmanship of my delegation and supported by the Africa Union Commission, RBM Partnership to End Malaria, and the African Leaders Malaria Alliance. The Zero Malaria Starts with Me Campaign, as this annual progress report highlights, has great potential to push for concerted action to keep the malaria response on track. The Campaign's success, however, will require sustained high-level engagement with governments, the private sector, civil society, development partners and the global community to advocate for an increase in external and domestic funding for malaria elimination and increase awareness and ownership at the community level. To succeed, we must stem insecticide and drug resistance, prioritize surveillance

and ensure interventions reach the most vulnerable populations, including those who regularly cross country borders.

5. The report highlights ongoing efforts to strengthen sub-regional coordination, such as the Mali-Niger-Burkina Faso cross-border project for full treatment courses of antimalarial medicine to children in areas of highly seasonal transmission during the malaria season. The report also highlights MOSASWA, a public-private partnership between the Republic of South Africa, Republic of Mozambique, and Kingdom of Eswatini to mobilize resources to reduce the incidence and risk of transmission of malaria across the region.

6. The report further highlights the centrality of community engagement to foster community-level ownership of malaria control and elimination. The case example of “Zero Malaria Starts With Me” in the Republic of Senegal and the “Mass Action Against Malaria” in the Republic of Uganda highlight massive grassroots action through intentional community and social mobilization and political engagement to defeat Malaria.

7. The report further highlights the priorities that the AUC, ALMA and RBM will undertake in 2019 in the fight against Malaria. These include support to countries towards the establishment of national End Malaria Councils. These Councils when fully functional are critical components of the Zero Malaria Starts with Me Campaign because of their capacity to fulfil the three strategic objectives of the campaign: to galvanize political commitment for elimination, mobilize domestic resources from government and the private sector, and further engage communities to fight malaria in countries.

8. We also need a successful Global Fund to Fight AIDS, TB and Malaria replenishment in 2019, to ensure that enhanced domestic resource commitments from our governments are complimented by resources from our partners. The Global Fund remains the biggest funder of malaria control and elimination.

9. My fellow leaders, I know that our commitment towards malaria elimination is unwavering, However we need to redouble our effort if we are to be the leaders that eliminate malaria in our countries.

10. Let me therefore urge Member States, with support of the AUC, RECs, RBM Partnership to End Malaria, ALMA and partners to accelerate the establishment of national End Malaria Councils and Malaria Funds to galvanize political commitment and increased domestic investments from the public and private sector. Increased utilization and uptake of national malaria control and elimination scorecards and action trackers by AU Member States to drive action and accountability will remain critical. Let us all work together towards creating an enabling environment and ensure the availability of affordable, effective, safe, next-generation malaria commodities through regulatory harmonization and support for local production including innovative initiatives to increase availability and scalability.

11. Together as African Union Member States we can work together to fully utilize the right to use, to the fullest extent, the provisions contained in the World Trade

Organization Agreement on Trade-Related Aspects of Intellectual Property Rights and subsequent Declarations and articles to promote access to medicines for all.

12. Malaria elimination is possible in our lifetime, let's all do our part.

I thank you.

African Union 

AFRICAN LEADERS
MALARIA ALLIANCE

ALMA 

RBM Partnership
To End Malaria

2018

AFRICAN UNION
MALARIA
PROGRESS
REPORT



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Glossary

ALMA	African Leaders Malaria Alliance
AU	African Union
AUC	African Union Commission
GTS	WHO Global Technical Strategy for Malaria 2016-2030
IRS	Indoor Residual Spray
LLIN	Long-lasting Insecticidal Net
NTD	Neglected Tropical Diseases
PC	Preventative Chemotherapy
RDT	Rapid Diagnostic Test
REC	Regional Economic Community
SDG	Sustainable Development Goals
WHO	World Health Organisation
WMR	World Malaria Report

Forward

In July 2018, African Heads of State and Government endorsed the “Zero Malaria Starts with Me” Campaign to stimulate grassroots action, foster social mobilisation and collective responsibility to end malaria as a public health threat by 2030. As the *Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030* (“Catalytic Framework”) underscores, Malaria poses a major threat to public health and global health security. The malaria epidemic can side track Africa’s human capital development efforts—a critical lever for *Agenda 2063’s* socioeconomic and structural transformation roadmap.

While smart investments and unprecedented partnerships at various levels have resulted in dramatic progress against malaria in the past eighteen years, initiatives to eliminate malaria are at the crossroads. Malaria disproportionately affects the poor and young—killing a child every two minutes. Furthermore, funding has stagnated and progress stalled, putting millions of lives at risk and compromising decades of investment. Despite the significant progress achieved, overall, the African continent still accounts for over 90% of the global malaria burden. While in some countries the number of malaria cases and related deaths has increased by more than 20% since 2016, others have significantly decreased cases by more than 40%, showing that malaria control and elimination are possible.

African leaders are committed to deliver on their commitments to end malaria by 2030 by prioritizing national elimination efforts and providing the necessary funding to achieve the bold and ambitious targets set in national, regional, continental, and global strategies. The Zero Malaria Starts with Me Campaign, as this annual progress report highlights, has great potential to push for concerted action to keep the malaria response on track. The Campaign’s success, however, will require sustained high-level engagement with governments, the private sector, and civil society to advocate for an increase in external and domestic funding for malaria elimination and increase awareness and ownership at the community level. To succeed, we must stem insecticide and drug resistance, prioritise surveillance and ensure interventions reach the most vulnerable populations, including those who regularly cross country borders.

Increased political and financial commitments from malaria-affected countries and development partners will be essential to sustain the momentum. In addition, by investing in *The Global Fund to Fight AIDS, Tuberculosis and Malaria* (“The Global Fund”), development partners can help save millions of lives in Africa and ensure strengthened health systems and fast-track progress. Innovative tools and approaches can revolutionize how we detect, treat and prevent malaria. More sensitive diagnostics; new medicines, insecticides, and vaccines; and novel approaches to vector control also hold great promise for ending malaria. We can accelerate the path to a malaria-free world by increasing investment in research and development, local manufacturing, and addressing regulatory and market barriers that limit the available of these life-saving tools.

The Zero Malaria Starts with Me Campaign has the potential to spur grassroots action, shared and global responsibility and build on the progress that we have made in the science and tactics to fight this terrible ancient disease. It is possible to defeat Malaria in our lifetime.



His Majesty King Mswati III
Kingdom of Eswatini
Chairperson, African Leaders Malaria Alliance



H.E. Moussa Faki Mahamat
Chairperson, African Union Commission

Executive Summary

In response to the stalling progress in responding to Malaria, the 31st Ordinary Session of the Africa Union Heads of State and Government on 2 July 2018 in Nouakchott, Islamic Republic of Mauritania, endorsed the Zero Malaria Starts with Me Campaign. Heads of State and Government requested the African Union Commission (“AUC”) and the RBM Partnership to End Malaria (“RBM Partnership”) to coordinate with Member States to facilitate country launches and roll out of the campaign. This followed the co-launch of the Campaign by His Majesty King Mswati III of the Kingdom of Eswatini and His Excellency Macky Sall, the President of the Republic of Senegal, on 1 July 2018.

This report fulfils the request of AU Assembly Decision 709¹ by providing an update on the implementation of the Zero Malaria Starts with Me Campaign during 2018. This report follows on from the WHO’s World Malaria Report 2018, which warns that progress towards eliminating Malaria by 2030 has stalled and accelerated action is needed to get countries back on track. In 2017, out of the estimated 219 million global malaria cases, 200 million (92% of global cases) were in Africa. These cases resulted in 403 thousand deaths across the continent (93% of global deaths).

The Zero Malaria Starts with Me Campaign is built around three strategic pillars to accelerate efforts towards malaria elimination:

1. Engaging high-level government, private sector, and civil society leaders;
2. Advocating for an increase in external and domestic funding for malaria elimination; and
3. Increasing awareness and ownership at the community level.

The RBM Partnership to End Malaria and AUC have developed a campaign toolkit to assist countries with strengthening community engagement and behavioural change, mobilising resources and reigniting grassroots movements. To date, nine countries have launched the Zero Malaria Starts with Me Campaign and more than thirty others have expressed interest to launch and roll out the campaign.

As the campaign is implemented across Africa, the quarterly ALMA Scorecard for Accountability and Action will remain an important tool that the countries use to track performance against key indicators in malaria endemic countries. In response to their performance on the scorecard, countries take action, which includes accelerating policy change, fast-tracking of procurement and in-country delivery of commodities, advanced tendering, filling resource gaps for essential commodities, increasing domestic resource allocations, and addressing malaria upsurges. Thirty-nine countries have further rolled out national and subnational malaria control and elimination scorecards and action tracker.

In 2019, the AUC, ALMA, and RBM Partnership will prioritise support to countries towards the establishment of national End Malaria Councils. These Councils when fully functional are critical components of the Zero Malaria Starts with Me Campaign because of their capacity to fulfil the three strategic objectives of the campaign: to galvanize political commitment for elimination, mobilise domestic resources from government and the private sector, and further engage communities to fight malaria in their countries. The report provides a case example of the Republic of Zambia, which is working towards establishing a multi-sectoral national End Malaria Council.

Addressing domestic and external financing needs are a key component of the Zero Malaria Starts with Me Campaign, and countries are pursuing initiatives under the campaign to close the financing gap. The report provides case examples that include domestic resource mobilisation in the Republic of Nigeria that has increased financial commitments to Global Health Financing Mechanisms and applied for concessionary loans from development banks. The Eswatini National Malaria Fund, which is currently being finalised, is another key example of a vehicle to mobilise public and private sector resources. The report further highlights how global financing mechanisms are helping countries to increase the uptake of Next Generation Vector Control Innovation with the case example of the Republic of Rwanda that has tapped the resources of the NGenIRS project—a 4-year US\$65 million project supported by UNITAID and IVCC—to bring down the costs of insecticides. The report also highlights that several countries such as the Republic of Ghana, United Republic of Tanzania, Republic of Uganda and the Federal Democratic Republic of Ethiopia are locally producing essential commodities and medicines to combat malaria.

Increased cross-border coordination against malaria is essential in the context of the movement of people, goods, and mosquitos. The report highlights ongoing efforts to strengthen sub-regional coordination, such as the Mali-Niger-Burkina Faso

¹ African Union Assembly, Decision on the Report of the AIDS Watch Africa (AWA), Assembly/AU/Dec.709(XXXI) at 6(ii).

cross-border project for seasonal malaria chemoprevention. The report also provides highlights MOSASWA, a public-private partnership between the Republic of South Africa, Republic of Mozambique, and Kingdom of Eswatini to mobilise resources to reduce the incidence and risk of transmission of malaria across the region.

The report further highlights the centrality of community engagement to foster community-level ownership of malaria control and elimination. The case example of “Zéro Palu, Je m’engage!” in the Republic of Senegal and the “Mass Action Against Malaria” in the Republic of Uganda highlight massive grassroots action through intentional community and social mobilisation and political engagement to defeat Malaria.

The report recommends next steps for 2019, including:

1. Launch and implement the Zero Malaria Starts with Me Campaign in additional countries;
2. Mobilise additional domestic resources to fight malaria;
3. Support the replenishment of The Global Fund;
4. Launch End Malaria Councils to mobilise stakeholders and resources;
5. Enhance sub-regional malaria efforts through Regional Economic Communities (“REC”);
6. Remove bottlenecks for next generation commodities to address resistance and promote local production;
7. Address vector resistance;
8. Strengthen national malaria control and elimination scorecards and action trackers; and
9. Develop a monitoring and evaluation framework for the Zero Malaria Starts with Me Campaign.

Introduction

The Zero Malaria Starts with Me Campaign was launched by His Majesty King Mswati III of the Kingdom of Eswatini and His Excellency Macky Sall, the President of the Republic of Senegal, on 1 July 2018. The launch took place during the AIDS Watch Africa Heads of State and Government Meeting. Subsequently on 2 July 2018, Heads of State and Government during the 31st Ordinary Session of the Africa Union endorsed the campaign through Assembly Decision 709.² The Assembly through this Decision requested the Africa Union Commission (“AUC”) and the RBM Partnership to End Malaria (“RBM Partnership”) to coordinate with Member States, facilitate the launch and roll out of the Zero Malaria Starts with Me campaign at the country-level, and report on its implementation at the February 2019 AU Summit.

Purpose of this report

The purpose of this report is to address the request from the Assembly to provide a progress report on the implementation of the Zero Malaria Starts with Me Campaign during 2018. At the launch of the campaign, a monitoring and evaluation framework of the campaign had not been developed; therefore, this report will focus on progress by providing case examples and best practices from different countries organised by key themes of the campaign. The country case studies are not exhaustive of activities that are ongoing.

The AUC and RBM Partnership will work with Member States and partners to develop the monitoring and evaluation framework so that future reports will enable the Heads of State and Government to assess progress on the implementation of the campaign. This report highlights emerging best practices from national and sub-regional activities supporting key areas of the campaign and identifies priorities for 2019.

Malaria status

The WHO’s World Malaria Report 2018 (“WMR”) reports that progress towards eliminating malaria by 2030 has stalled and action is necessary to get countries back on track. In 2017, there were an estimated 219 million global malaria cases, of which 200 million (92%) were in Africa. These cases resulted in 403 thousand deaths across the continent (93% of global deaths). While these numbers represent an improvement compared to 2010, progress is slowing or reversing:

- The malaria incidence rate has remained constant at 291 cases per 1,000 at-risk persons since 2015.
- The ten highest-burden countries reported 3.5 million total additional cases in 2017 versus 2016; fourteen countries reported 100,000 or more incremental cases; and ten countries reported a greater than 20% increase.
- Annual improvements in malaria deaths have slowed from an average rate of 4.9% fewer deaths per year (2010-2015) to 3.4% per year (2015-2017).

Unless urgently addressed, it is unlikely that malaria cases and deaths will be reduced by 40% by 2020 in line with the targets set by the AU’s Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030 (“Catalytic Framework”) and WHO’s Global Technical Strategy for Malaria 2016-2030 (“GTS”).

The WMR also highlighted that major coverage gaps in access to core, WHO-recommended tools for preventing, diagnosing and treating malaria contribute to the stalling of progress, particularly in the world’s highest burden countries—90% of which are in Africa. For example, the report noted that increasing vector resistance to approved insecticides severely restricts the availability of indoor residual spraying (“IRS”). While there are next generation products coming to market, they are significantly more expensive, which limits the ability of countries to sustain or increase vector control coverage. For example, IRS coverage declined from 10% (2010) to 6.6% (2017) because of vector resistance and the higher commodity prices of Next Generation insecticides. Despite significant gaps in coverage, one positive development is the increased availability and use of rapid diagnostic tests (“RDT”). Between 2015 and 2017, about 74% of febrile children under five received a malaria diagnostic test prior to antimalarial treatment, up from 35% in the period 2010 to 2012.

A major area of concern is the increasing gap between funding targets and levels of domestic and external financing to fight malaria. In 2017, US\$3.1 billion was available for global malaria control and elimination programmes, which is less than half the GTS funding target for 2020 (US\$6.6 billion). To get back on track, countries will need to mobilise an estimated US\$4.8 billion through 2020.

In response to the stalling progress, the African Union and RBM Partnership launched the Zero Malaria Starts with Me Campaign to reignite progress in the fight against malaria.

Challenges in responding to Malaria in Africa

² African Union Assembly, Decision on the Report of the AIDS Watch Africa (AWA), Assembly/AU/Dec.709(XXXI) at 6(ii).

There are several outstanding challenges across Africa limiting programme achievements, including:

- Weak health systems;
- Gaps in the uptake of available interventions;
- Low per capita investment on malaria; and
- The threat of resistance to medicines and insecticides.

Prevalent weak health systems pose a very high risk to malaria control and elimination in Africa. Particular areas of weakness include commodity supply, surveillance, and human resources for health. These weaknesses are further exacerbated at times of political instability, major climatic events, health emergencies, population displacements and migration.

There remains a major gap in coverage and /or utilisation of interventions and services including Insecticide Treated Nets. Furthermore, annual investment per person at risk remains very low in Africa, which calls for increased domestic investments in the context of competing global development priorities.

These challenges call for strengthened country programme leadership, greater political commitment, stronger global partnership and coordination, increased programme financing; and enhanced culture of programme reviews and planning.

Zero Malaria Start with Me Campaign

The Zero Malaria Starts with Me Campaign is a continent-wide initiative launched by the African Union and RBM Partnership to get the fight against malaria back on track. As previously stated, the campaign was launched during the AIDS Watch Africa Meeting at the 31st African Union Summit in Mauritania by His Excellency President Macky Sall of Senegal and His Majesty King Mswati III of Eswatini—the current Chair of the African Leaders Malaria Alliance (“ALMA”)—and adopted by 55 African Heads of State and Government during the AU Assembly. Zero Malaria Starts with Me provides an umbrella for global, regional, subregional, and national efforts to accelerate efforts towards malaria elimination. This builds on existing malaria control and elimination initiatives—such as the Southern Africa Development Community, Elimination 8, and Sahel Malaria Elimination Initiative.

Based on successful campaigns used in Senegal, Cameroon, and across Africa, the approach supports African nations in their efforts towards malaria elimination through three thematic areas:

Theme 1: High-level engagement with government, the private sector, and civil society leaders;

Theme 2: Advocating for an increase in external and domestic funding for malaria elimination, including through innovative funding mechanisms and the private sector; and

Theme 3: Increasing awareness and ownership at the

community level.

The RBM Partnership and AUC have developed a campaign toolkit to assist countries with strengthening community engagement and behavioural change, mobilising resources, and reigniting grassroots movements. The toolkit is available online at www.zeromalaria.africa and is organised to address the needs of different stakeholders (e.g., governments, national malaria control programmes, civil society organisations and private sector companies) to mobilise for a malaria-free Africa. Zero Malaria Starts with Me recognises that countries are already implementing and executing initiatives across the three thematic areas, but the toolkit and campaign provide a unifying banner for these activities and resources to strengthen them based on best practices. Member States are encouraged to review the toolkit and tailor it to meet their specific needs.

To date, nine countries have launched or are launching national Zero Malaria Starts with Me campaigns, over 30 countries have expressed an interest in joining the campaign, and more than 700 certificates of engagement have been signed. Table 1 below provide the current status of Zero Malaria Starts with Me campaigns across Member States and examples of countries that launched in 2018.

Table 1: Countries that launched Zero Malaria Starts with Me in 2018

Member State	Date	Launch
Republic of Zambia	April 2018	<ul style="list-style-type: none"> Launched “Malaria Ends with Me” to increase community awareness of the ambitious goal of eliminating malaria by 2021 His Excellency President Lungu also announced the plan for an End Malaria Council to support multi-sectoral engagement and resource mobilisation (See Theme 1 below for more detail)
Republic of Uganda	April 2018	<ul style="list-style-type: none"> His Excellency President Yoweri Museveni launched the “Mass Action Against Malaria” (MAAM) and the Parliamentary Forum (See Theme 3 below for more detail) Implementing the Presidential Malaria Fund for Uganda to support resource mobilisation
Republic of Mozambique	June 2018	<ul style="list-style-type: none"> His Excellency President Filipe Nyusi launched the “Zero Malaria Starts with Me” at the Mozambique Malaria Forum In Mozambique, the campaign will increase the effectiveness of investments in the malaria fight through improving cooperation among State, civil society, the private sector and community actors
Republic of Mauritania	June 2018	<ul style="list-style-type: none"> Launched the campaign alongside the AU Summit Full campaign launch will occur in 2019
Republic of Niger	Oct. 2018	<ul style="list-style-type: none"> Launched “Zero Malaria Starts with Me” campaign Minister of Public Health pledged to mobilise leaders, communities, the private sector and the media to fight this disease, which is the main cause of morbidity and mortality in Niger

THEME 1: SENIOR-LEVEL STAKEHOLDER ENGAGEMENT

The Zero Malaria Starts with Me campaign works to secure high-level engagement in, and ownership of, the fight against malaria from stakeholders across all sectors. Gaining ownership from senior stakeholders and holding them accountable is essential for eliminating malaria and its impact on health, economic growth, and social inequalities. The following section provides examples of activities that are ongoing to drive high-level engagement, including the use of malaria scorecards and End Malaria Councils.

1.1 The ALMA Scorecard for Accountability and Action

The ALMA Scorecard for Accountability and Action is a monitoring, accountability and action mechanism to track progress in the fight against malaria, and to support Member States to act systematically to address technical, financial, operational, and political bottlenecks stalling progress towards malaria elimination. As such, it strengthens engagement and advocacy among Heads of State and Government and other senior stakeholders.

The scorecard, which is produced quarterly, tracks the performance against key indicators in malaria endemic countries in Africa. In response to their performance on the scorecard, countries take action, which include accelerating policy change, fast-tracking of procurement and in-country delivery of commodities, advanced tendering, filling resource gaps for essential commodities, increasing domestic resource allocations, and addressing malaria upsurges.

See Table 2 for examples of actions taken in response to the scorecard. The ALMA Scorecard for Accountability and Action is available online at <http://alma2030.org>. The Q4

2018 scorecard is appended to this report.

1.2 National and Subnational Malaria Control & Elimination Scorecards

To date, 39 countries have developed national malaria control and elimination scorecards and action trackers. These scorecards track national and subnational performance against key indicators. The design of each scorecard and selection of the indicators is based on national priorities and targets set in the country national strategic plans, aligned with the 5-year milestones in the WHO Global Technical Strategy for Malaria 2016-2030. Common thematic indicators include malaria prevention, management of uncomplicated and complicated cases, surveillance and monitoring and evaluation, social and behaviour change communication, and health sector enablers such as financing.

National and subnational malaria control and elimination scorecards are an effective tool for mobilising multi-sectoral stakeholder engagement and promoting ownership over malaria control and elimination—consistent with Zero Malaria Starts with Me. National scorecards and action trackers are integrated into routine national and subnational health-sector and malaria-specific review mechanisms. The simplicity of the scorecard enables political and technical stakeholders to have a more effective conversation, facilitating multi-sectoral action and accountability. When an indicator is red, or performance declines, this is a call to action for stakeholders to take action to drive improved performance. Additionally, because scorecards show performance at national and subnational level, they can be used to identify areas that require additional resourcing to address service delivery bottlenecks. This results in enhanced allocation of both domestic and donor resources to underperforming interventions and geographies, policy change, training and mentoring, and social mobilization.

The countries with national malaria control and elimination

Table 2: Example actions taken in response to scorecard results

Topic	Member States	Action
IRS	Kingdom of Eswatini	<ul style="list-style-type: none"> Doubled the number of spray operators Initiated spray campaign earlier to strengthen IRS
	Republic of South Africa	<ul style="list-style-type: none"> Committed additional resources to support timely planning and execution of the IRS campaign
Insecticide resistance	Nine Member States	<ul style="list-style-type: none"> Developed and implemented insecticide resistance monitoring programmes in response to scorecard showing increased vector resistance
Domestic funding	Republic of Nigeria	<ul style="list-style-type: none"> Committed US\$18 million in additional domestic resources to meet co-financing requirements for GF incentive funding, leveraging an additional US\$38 million Working to secure over US\$300 million for the World Bank, African Development Bank, and Islamic Development Bank to address funding gaps
Neglected Tropical Diseases	Twenty-five Member States	<ul style="list-style-type: none"> Neglected Tropical Diseases (“NTD”) were added to the ALMA scorecard. Twenty-eight countries improved coverage of preventative chemotherapy, including nine that increased coverage by more than 50% Twenty of twenty-one countries that received recommended actions on NTDs provided feedback and progress updates.

scorecards and action trackers can be viewed in Figure 1.

Additionally, example actions taken by countries in response to national scorecards is provided in Table 3.

Figure 1: Countries with Malaria Control and Elimination Scorecards and Action Trackers

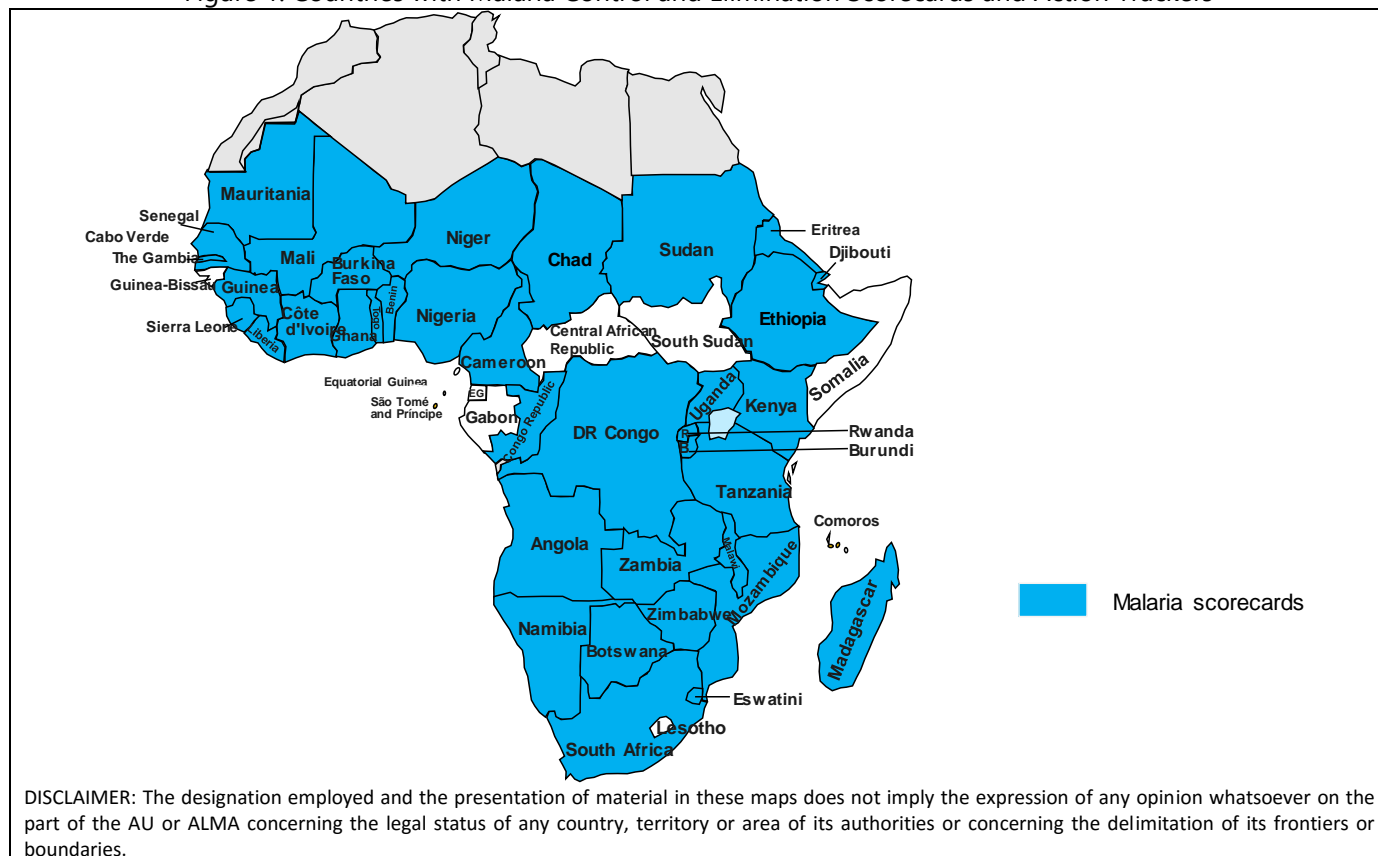


Table 3: Examples of actions taken in response to national malaria control and elimination scorecards

Member State	Example of Scorecard Use
Republic of Zimbabwe	The national malaria scorecard is used in quarterly review and planning meetings, the Annual Malaria Conference, and the Ministry of Health and Donors Biannual meetings. The Scorecard facilitates a balanced review of progress while incorporating dialogue and feedback from the stakeholders at all levels. The scorecard has led to the prioritization of resource allocation to underperforming provinces and districts. Zimbabwe is also exploring how the scorecard can be used for Global Fund reporting.
Kingdom of Eswatini	In 2017, the review of the scorecard highlighted a large number of malaria cases in the low risk areas of Northern Eswatini, which led to more interventions being targeted in that area, including IRS and increased Behaviour Change Communication.
Republic of Senegal	The National malaria control programme used their malaria scorecard to advocate for the application of several targeted interventions to underperforming districts, including development and implementation of district acceleration plans.
Republic of Ghana	Quarterly updates of the scorecard are included in the national malaria control programme's quarterly bulletin, which is sent to a broad set of partners and stakeholders and is shared with the Director General of the Ghana Health Service. A review of the national malaria scorecard led the malaria programme to identify low intermittent preventive treatment in pregnancy (IPTp3) coverage as a key bottleneck leading to renewed actions to address this underperformance.

1.3 National End Malaria Councils

National End Malaria Councils are a component of the Zero Malaria Starts with Me campaign toolkit because of their capacity to fulfil all three objectives of the campaign: to galvanize political commitment for elimination, mobilise domestic resources from government and the private sector, and further engage communities to fight malaria in their countries. It is in this context that ZMSWM recommended countries to establish National End Malaria Council or such similar mechanisms.

End Malaria Councils are senior-level, multi-sectoral entities convened to deliver the objectives of the Zero Malaria Starts with Me campaign through:

- Keeping malaria elimination high on the political and developmental agenda;
- Sustained social mobilization including a grassroots movement to end malaria;
- Increased and sustained malaria financing including domestic funding and the use of innovative financing; and
- Engaging the private sector to play a significant role in ending malaria.

Figure 2 below shows schematically how the National End Malaria Councils can define the strategic vision, influence policy, provide technical backstopping including on resource mobilisation and maps out the various key stakeholders that can be included in the councils.

1.3.1 Zambia End Malaria Council

The Republic of Zambia is in the process of establishing a national end malaria council. This council will operate under the banner of the “Malaria Ends with Me” campaign. The council was announced by His Excellency President Edgar Lungu and is being established by the Ministry of Health and National Malaria Elimination Centre. Consistent with the objectives of the “Zero Malaria Ends with Me” campaign, the End Malaria Council will be a senior-

level, multi-sectoral entity composed of representatives of government, the private sector, and local representation. The Council will operate with three key pillars.

Action & Accountability

Senior stakeholders selected to serve on the Council are expected to have the capacity to directly take action to implement, or otherwise support, the national malaria elimination strategy and/or hold responsible parties accountable for implementation. The total membership of the Council will be limited to ensure that members take individual ownership for ending malaria.

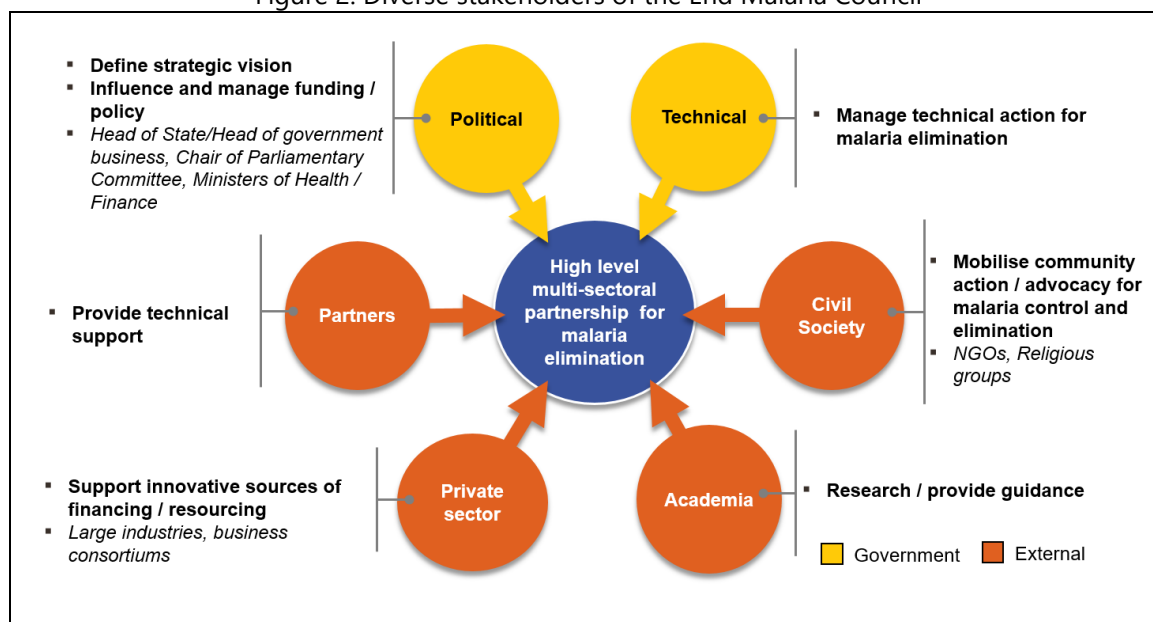
Resource Mobilisation

The EMC will undertake innovative financing to mobilise domestic resources to close a funding gap. The EMC is expected to pursue a broad, multi-source strategy for mobilising resources including pursuing direct contributions from the private sector, donors, and grassroots crowdfunding.

Advocacy

EMC members are also charged with advocating to ensure that achieving and sustaining malaria elimination remains a key priority for the public and private sectors.

Figure 2: Diverse stakeholders of the End Malaria Council



Theme 2: Resource Mobilisation

Addressing domestic and external financing needs are a key component of the Zero Malaria Starts with Me campaign, and countries are pursuing initiatives under the campaign to close the financing gap. The RBM Partnership Country Regional Support Partner Committee (CRSPC) country gap analysis for Africa indicates 87% of the essential service needs (vector control and public sector case management) have been met for 2018. The majority of the outstanding gaps (60%) are in the Federal Republic of Nigeria. However, looking ahead, it is estimated that countries will need to mobilise more than US\$4.8 billion by 2020 to meet the needs expressed in the country national strategic plans.

It is essential that countries enhance their domestic resource commitments for malaria. There has already been some progress. Global Fund applications for 36 countries in Africa with available data indicate that country domestic resource commitments have increased from just under US\$1 billion for the 2012-2014 allocation period, to US\$1.65 billion for the 2018-2020 allocation period, representing a 65% increase. However, additional efforts need to be made to further enhance domestic resource commitments. Additionally, it is essential that existing financiers continue to support malaria control and elimination, in particular the Global Fund, recognising that 2019 is a replenishment year for the Global Fund.

Several countries are in the process of expanding domestic financing and establishing national malaria funds managed by multi-sectoral stakeholders, including representatives of the public sector, private sector, civil society, and local representation. Ethiopia has contributed an additional US\$25 million to IRS. By establishing independent funds, countries expect to have greater flexibility in how they solicit or mobilise resources, improve donor confidence by increasing transparency on the use of funds, and increasing private sector ownership of malaria elimination through direct participation in the fund. While none of the malaria-specific funds are active, they are anticipated to start coming online in the first half of 2019.

2.1 Domestic Resource Mobilisation in the Republic of Nigeria

The key pillars of malaria elimination including improved surveillance, detection and response, prevention, availability of medicines and technologies are all predicated on financing. With the levelling-off of international financing for health in the context of many competing global priorities, the ZMSWM campaign seeks to advocate for African Union Member States to increase domestic funding to ensure sustainability of interventions to achieve malaria elimination. With an estimated 57.3 million cases

and more than 100,000 deaths annually, the Federal Republic of Nigeria bears the highest malaria burden globally and is taking action to increase its domestic investments. Between 2018 and 2020, Nigeria will require US\$2.2 billion to fully implement its Malaria national strategic plan. In 2018 alone, the country had a financial gap of US\$625 million for the delivery of essential malaria commodities. The country has taken the following action towards increased domestic investments in health:

- Committing US\$18.7m in support for malaria to the Global Fund to meet co-financing requirements for incentive funding, unlocking an additional US\$37 million. This increased funding supported the distribution of 15 million Long Lasting Insecticidal Nets (LLINs).
- Filling key resource gaps working with Development Banks: Nigeria is negotiating with the World Bank, Islamic Development Bank and the African Development Bank to secure approximately US\$300 million for malaria control including for LLINs, case management, and chemoprevention.

2.2 Eswatini National Malaria Fund

The primary objective of Eswatini's national malaria fund is to mobilise domestic and private sector resources under the banner of Zero Malaria Starts with Me. The process for establishing the fund began with a declaration by His Majesty King Mswati III on his intention to form a fund to address anticipated budget gaps as the country eliminates malaria. The creation of the fund was then taken up by the inter-ministerial Council, chaired by the Deputy Prime Minister. The council used a multi-sectoral approach to refine the proposal for the fund before delegating responsibility for establishing it to the Ministry for Finance, in coordination with the Ministry for Health and Financial Services Regulatory Authority. The Minister for Finance then published regulations creating the legal entity for the fund with an official launch to follow. The Eswatini fund adopts several key components of the Zero Malaria Starts with Me Campaign.

Component	Description
Multi-sectoral leadership	Members of the Board are drawn from multiple sectors, including local representation and private sector executives. Moreover, by including local leadership on the Board, it ensures that there is ownership of eliminating malaria at all levels. The Chair of the Fund is a representative of the private sector, which directly assigns ownership and accountability of increasing domestic financing to the private sector.
Domestic resource	By delegating regulatory oversight of the fund to the Ministry for Finance and Financial

Component	Description
mobilisation	Services Regulatory Authority, it ensures that malaria remains on the agenda of those who control public funds and regulates the financial services industry—informing them of why sustaining financing is important.
Grassroots Mobilisation	In addition to traditional sources of funding, the fund will also consider how to activate grassroots donors who are not traditionally involved in directly financing elimination. Including individual grassroots donors gives them a sense of ownership over malaria elimination.
Campaign Branding	Eswatini has developed an informational brochure on the challenges and financial benefits of malaria elimination. The Zero Malaria Starts with Me campaign logo and language is used throughout the material, which gives donors a concrete initiative that they are financing.

2.3 Next Generation Vector Control Innovation in Rwanda

One of the major bottlenecks in the implementation of vector control for Malaria is the development and spread of insecticide resistance. Zero Malaria Starts with Me provides an advocacy opportunity for countries to access and use new tools to manage and finance programmes on insecticide resistance and malaria control programmes broadly. The AUC and ALMA are engaging partners to advocate and promote innovation in the development and deployment of next generation vector control products for both LLINs and IRS. Supporting market shaping initiatives as well as an enabling regulatory environment are key for new and affordable quality assured products to be scaled up.

The Republic of Rwanda scaled up vector control interventions between 2005 and 2011 resulting in the reduction of malaria morbidity by 87%, with at least eight out of thirteen districts countrywide reaching pre-elimination levels. However, an increase in malaria cases and deaths was observed between 2012 and 2017. Several interacting factors including increased pyrethroid resistance; increased annual temperatures and rainfall; environmental modifications; as well as sub-optimal implementation of universal coverage with effective interventions contributed to this upward trend. In response, the Republic of Rwanda implemented a comprehensive plan, including home-based management of malaria through Community Health Workers, a universal LLIN coverage campaign and IRS in targeted high malaria endemic districts. Distribution of LLINs to pregnant women and children under the age of one year through routine Antenatal Care (ANC) and Expanded Programme on Immunisation (EPI) services in all 30 districts to complement the 2017 mass distribution campaign.

Moreover, to address the increase in insecticide resistance, Rwanda introduced next generation insecticide products.

However, the cost of the new insecticide was US\$23 per unit, compared to US\$3 for pyrethroids. Rwanda participated in the NGenIRS project—a 4-year US\$65 million project supported by UNITAID and IVCC—to bring down the costs. NGenIRS provides a co-payment that reduces the cost to US\$15 per unit. The lower cost enabled Rwanda to spray five high-burden districts, achieving 99.3% coverage from July 2017 to June 2018. Rwanda is now seeking to mobilise additional resources to cover the remaining eight high-burden districts.

Rwanda is also considering switching to next generation LLINs treated with Piperonyl Butoxide, once they are recommended by the WHO. Global Fund and UNITAID catalytic funding is expected to support market-shaping initiatives to reduce the cost of the new nets.

2.4 Best practices on vector control in Ethiopia

Ethiopia has significantly reduced the malaria burden, with vector control over 5 decades, has contributed significantly to these achievements.

Some of the best practices in the vector control interventions in Ethiopia include developing a pragmatic insecticide resistance monitoring and management strategy which targets IRS operations based on malaria stratification. The country has mobilized local resources for insecticide procurement and additionally, insecticides are manufactured locally, and IRS is implemented using a community owned and operated approach in targeted areas to improve quality and accessibility through the use of community Health extension program and clusters in the primary health care unit. Sufficient spray pumps and spare parts have been distributed. Finally, all Spray personnel have been trained in IRS management including spray pump maintenance.

2.4 Progress on Local Production of Malaria Commodities

Several countries are locally producing essential commodities to combat malaria, including drugs, insecticides, and LLINs. By producing these commodities locally, the goal is to stimulate local and regional economic activity, while also increasing the ability of the region to address malaria without diverting resources to external manufacturers.

Member State	Example
Republic of Ghana	The country supported and funded the medicines needed for the implementation of SMC and IPTp covering 2017 and 2018. The government is in the process of procuring medicines for SMC and IPTp and case management in 2019. These medicines that are going through WHO prequalification are from a local manufacturer which is also an attempt to boost the national economy.
Tanzania	Sumitomo-A to Z manufactures LLINs locally for the African market with technology transfer from Sumitomo Chemical. However, the company has faced competition challenges from importers of duty-free finished net products when they have to pay for duty on the needed raw materials.
Uganda	Joint venture between Quality Chemical Industries and Cipla (Indian generics manufacturer) has led to the local production of pre-qualified antimalarials (as well as ARVs for HIV/AIDS)
Ethiopia	Local manufacturer currently going through pre-qualification process for the production of insecticides.

2.5 Cross-border Coordination and Resource Mobilisation

Several sub-regions are increasing cross-border coordination to fight against malaria. Research has shown that poor coordination of campaigns across borders significantly reduces their effectiveness due to the migration of people, goods, and mosquitos. Moreover there is increasing focus on addressing malaria through sub-regional coordination; however, additional effort is necessary to ensure that malaria is a component of RECs' agendas.

2.5.1 Mali-Niger-Burkina Faso

The Republic of Mali, Republic of Niger and Republic of Burkina Faso are implementing a cross-border project for seasonal malaria chemoprevention. The project is financed by the World Bank under the technical coordination of the West African Health Organization (WAHO). It concerns the districts located on both sides of the borders between the three countries. It enables meetings, supervision and joint drug administration for children to be used to prevent malaria during the high transmission season from July to October.

2.5.2 MOSASWA

MOSASWA is a public-private partnership between the Republic of South Africa, Republic of Mozambique, and Kingdom of Eswatini to mobilise resources to reduce the

incidence and risk of transmission of malaria across the region, especially in southern Mozambique, which is the leading source of regional infections. MOSASWA serves as an example of cross-border coordination and financing of malaria control. MOSASWA has proven successful in reducing the malaria incidence rate in Maputo province through the rapid expansion of proven interventions, in particular IRS. Cross-border coordination is critical to eliminating malaria in the region. Economically, the three countries are interconnected by seasonal migrant labour but this relatively free movement of people also means that malaria cases are imported between southern Mozambique and the Republic of South Africa and Kingdom of Eswatini. For example, in 2016, 47% of cases in KwaZulu-Natal and Mpumalanga originated in southern Mozambique. Thus, while local conditions and control may be adequate to eliminate local transmission of the disease, ongoing and robust disease surveillance is necessary.

Between 1999 and 2011, cross-border malaria control between the three countries was coordinated through the Lubombo Spatial Development Initiative (LSDI), a precursor to MOSASWA. LSDI demonstrated the importance of addressing malaria at a regional level. By increasing both border surveillance and malaria prophylaxis, there was an 82% reduction in the incidence rate in Maputo province and a 98% and 99% reduction in the Republic of South Africa and Kingdom of Eswatini respectively. The success of LSDI is largely attributable to the delivery of IRS in Southern Mozambique. Following the end of the LSDI, however, the malaria incidence rate began to increase, reversing the progress that had been made.

MOSASWA, which is supported through a grant from The Global Fund, was implemented as the successor to LSDI to facilitate financing and coordination between the countries. Like LSDI, MOSASWA has expanded coverage of IRS in the Maputo province along the South African and Eswatini border. Evidence from Maputo is promising. IRS coverage in Maputo now exceeds 90% and the incidence rate of malaria has been reduced by 50%. The programme is now expanding IRS further, into Gaza and Inhambane provinces to the north and northeast of Maputo.

As a Public- Private Partnership (PPP), MOSASWA presents an opportunity to galvanize a broad base of support for malaria control and elimination. It has successfully leveraged resources from the Bill and Melinda Gates Foundation, from the private sector (including Goodbye Malaria) and from government domestic resources.

Theme 3: Community Engagement

The third theme of the Zero Malaria Starts with Me campaign is ensuring community-level ownership of malaria control and elimination. Through rebranding of their national outreach campaigns and placing a central emphasis on personal responsibility, these campaigns are effectively engaging with the community.

3.1 Community Engagement through “Zéro Palu, Je m’engage!” in Republic of Senegal

The Zero Malaria Starts with Me campaign draws inspiration from a grassroots movement in the Republic of Senegal, where all parts of society, including the country’s President, major companies, and community champions, pledged to take personal responsibility for the malaria fight. The Republic of Senegal launched “Zéro Palu, Je m’engage!” (“Zero Malaria Starts with Me!”), a groundbreaking initiative to bolster political commitment at all levels of government, mobilize vibrant private sector and increase community ownership. Since the campaign launch, President Macky Sall and more than 180 political leaders, at both national and local levels, have publicly voiced their support for and commitment to ending malaria.

Success Factor	Description
Volunteer Network	Senegal’s “Zero Malaria Starts with Me!” campaign is built on a strong volunteer network of Community, national level Champions and broadcast media to raise awareness on malaria prevention and treatment.
Engagement of political leadership	The campaign engaged parliamentarians, ministers, and mayors of Senegalese cities to ensure that they prioritise creating a malaria-free community.
Private Sector Engagement	The campaign also engages private sector businesses through a financing provided from the Lives and Livelihood Fund of the Islamic Development Bank. By creating public-private partnerships it has helped drive private sector action to engage with the community through co-branding and awareness campaigns.

3.2 “Mass Action Against Malaria” in the Republic of Uganda

In 2018 the Republic of Uganda launched the “Mass Action Against Malaria” (MAAM) campaign to reignite grassroots movements in which families, communities, the private sector, political leaders and other members of the society take action in the fight against Malaria. The campaign was informed by the 2017 Mid Term Review of the Uganda Malaria Reduction Strategic Plan (2014-2020) that showed that the Republic of Uganda was off-track to meet set targets. Through multi-sectoral action that includes the Ministry of Health, line ministries, key stakeholders and development partners MAAM seeks to accelerate action through:

- Ensure malaria control is a prioritised national development goal as well as strengthened capacity of local governments to implement and monitor malaria programmes.
- Context specific, appropriate and effective malaria messages and interventions that will reach Uganda’s 9 million households and resonate with them.
- Engage political leaders at all levels to mobilize and support communities. H.E. President Yoweri Museveni was appointed patron of the initiative demonstrating high-level political commitment.
- Uganda Parliamentary Forum on Malaria: Established to engage parliamentarians to individually commit to “a malaria free constituency is my responsibility” in their constituency work as well as encourage Members of Parliament to integrate Malaria action in their mandate in budgeting, expenditure tracking and promotion of accountability.
- Directed that all local chiefs be provided with bicycles to ensure households are educated on the use of mosquito nets and seeking early health care for malaria.

Examples of action: As part the Republic of Uganda’s multi-sectoral action, the Ministry of Education is supporting the Ministry of Health in promoting awareness, individual and social behaviour change for malaria through programming targeted at primary and secondary schools.

Additionally, the republic is establishing the President’s Malaria Fund-Uganda to increase domestic resource mobilization to reach vulnerable households, fulfilling other objectives of Zero Malaria Starts with Me.

Next Steps

4.1 Launch *Zero Malaria Starts with Me* in additional countries

To gain a critical mass and awareness of the continent-wide campaign, Zero Malaria Starts with Me should be launched and implemented in additional countries in 2019. At least fifteen countries have announced their intention of launching Zero Malaria Starts with Me in 2019 and another eight have expressed general interest. The AUC, RBM Partnership, and ALMA will work to support the implementation of the campaign in 2019, and Member States that have launched the campaign are encouraged to provide technical support to other Member States.

4.2 Address vector resistance

The problem of vector resistance to insecticides—especially to pyrethroids—is widespread in Africa. This is both in terms of geographical spread, as well as in intensity. To address the problem of resistance, industry has been working with IVCC to develop new vector control products for both net treatment and for house spraying – the next generation products. Currently there are two products for IRS which are prequalified (Sumishield and Fludora Fusion) and a third one (Sylando) will be prequalified shortly. Next generation LLINs include Interceptor G2 (WHO prequalified) and Olyset Duo to be prequalified soon. While countries are keen to register and fast-track the use of next generation vector control products, the cost of the new products – especially for insecticides is very high (US\$23 per unit, compared for example to US\$3 for pyrethroids). For next generation LLINs, there are ongoing market-shaping efforts through the Global Fund catalytic funding, in partnership with UNITAID. Like the NGenIRS project, the GF/UNITAID project will cover the price difference for countries to access more next generation LLIN products. Funders should develop market-shaping initiatives and evaluate other opportunities to lower commodity costs.

4.3 Advocate for removal of bottlenecks for next generation commodities and promoting local production

Efforts should be taken to address bottlenecks currently impeding the introduction of next generation commodities. The AUC jointly with ALMA and Innovation 2 Impact (I2I) are planning the first African meeting on vector control access in 2019. The meeting aims to identify and address key country access bottlenecks to new vector control tools. The objectives of the meeting include:

- Registration of new tools through the identification of barriers to rapid registration of vector control tools at country level; the role of WHO prequalification in streamlining of registration; the potential contribution of harmonization of vector control registration through RECs; and the role of life cycle management of vector control tools.
- Implementation of new tools: including a discussion on what the data and planning needs are; financing gaps and how they can be addressed; and the logistical implications of effective Insecticide Resistance Management (IRM) programmes.
- Harnessing African capacity through the development of Good Laboratory Practice (GLP) sites for product testing; and how to bring more African manufacturers to the market.

Participants will comprise NMCP and country regulatory staff, key regional partners (AU, ALMA, RECs), development partners, WHO (AFRO & HQ), RBM, technical partners (e.g. Africa Centres for Disease Control and Prevention (Africa CDC), Pan Africa Mosquito Control Association (PAMCA), Innovation to Impact (i2i), IVCC, GLP sites and vector control manufacturers.

4.4 Enhance sub-regional malaria efforts through RECs

Under Agenda 2063, RECs will play an increasingly important role in the social, economic, and well-being across the region. To ensure that RECs elevate malaria elimination as a core part of their agenda, the AUC, ALMA, and RBM Partnership will engage RECs on malaria and support regional harmonisation of registration requirements and the collection of data related to product registration. AUC, ALMA and RBM will also support the development and implementation of sub-regional malaria control and elimination scorecards and action trackers with RECs. The development of sub-regional scorecards will increase focus on sub-regional priorities, including regulatory issues, local manufacturing, sub-regional elimination, regional financing and cross border initiatives and will leverage regional approaches to harmonization to strengthen malaria control and elimination at a regional level. The Annual Malaria progress awards will be given at the REC level with the AU Summit only recognizing countries that have eliminated Malaria in accordance with WHO guidelines.

4.5 Launch national End Malaria Councils to mobilise stakeholders and resources

To further support effective accountability and actions on malaria elimination, countries will be supported to establish National End Malaria Councils (or identify appropriate high-level, multi-sectoral committees and commissions where malaria can be added as a standing item on the agenda) to enhance visibility and high-level engagement around malaria.

4.6 Develop monitoring & evaluation framework for *Zero Malaria Starts with Me*

The Zero Malaria Starts with Me campaign was launched without a formal mechanism for monitoring and evaluating implementation at the national, sub-regional and regional level. Thus, it is critical in 2019 for the AUC, RBM Partnership, and Member States to develop a framework for evaluating the implementation, identify gaps, and track and report on progress.

4.7 Support scorecard and action tracker strengthening

The AUC and ALMA should continue to support the facilitation of country owned progress reviews ('support strengthening') of the malaria scorecard management tools to ensure that the mechanism is functioning effectively and adding value to country accountability and transparency mechanisms for malaria and to provide additional support where needed. It also provides an opportunity to further strengthen capacity to ensure the long-term sustainability of the scorecard approach and to document best practices. This process has been shown to significantly enhance the functioning of scorecard management tools in the following areas: timely updating of the scorecards, enhanced public dissemination, and increased country and partner capacity to ensure the scorecard management tools continue to be effective, catalyse action and ensure that they remain dynamic. Lessons learned have been shared across countries.

4.8 Mobilise domestic resources

Member states are encouraged to increase domestic financing (public and private) for malaria control and elimination. Funding should come from multi-sectoral sources, including the government, private sector and from innovative financing mechanisms.

Where necessary, Member States may also consider establishing malaria elimination funds to create independent, transparent, and accountable mechanisms for mobilising resources. Championed by their respective Heads of State and Government, these funds will re-invigorate the commitment to eliminate malaria, while raising resources to fill the existing gaps in funding,

including for essential interventions such as IRS, LLINs, surveillance and health communication activities. At least three countries (Kingdom of Eswatini, Republic of Uganda, and Republic of Zambia) will continue to be supported by ALMA and the RBM Partnership to set up funds to mobilize resources from the private sector for malaria elimination.

4.9 Support replenishment of The Global Fund

The Global Fund to Fight AIDS, TB and Malaria raises funding in three-year replenishment cycles. Approximately 95% of total funding coming from donor governments and the remaining 5% from the private sector, private foundations and innovative financing initiatives. In the previous replenishment cycle, Republic of Benin, Republic of Côte d'Ivoire, Republic of Kenya, Republic of Namibia, Federal Republic of Nigeria, Republic of Senegal, Republic of South Africa, Republic of Togo, and Republic of Zimbabwe each made contributions to The Global Fund's Fifth Replenishment. With approximately 60% of all of malaria funding coming from the Global Fund, the AU assembly through its decision (Assembly/AU/Dec 707/XXXI has requested AU Member States and the international community to support the next Global Fund replenishment for its role in life-saving interventions in AIDS, TB and Malaria, the three biggest communicable diseases in Africa.

The African Union Commission continues to advance Global Fund Replenishment Advocacy through strategic engagement with Africa Groups in New York, Washington, Tokyo, Geneva and Brussels as well as with Ministers of Health Global Solidarity in support of the Fund as well as shared responsibility from African Union countries towards the fund, which send a strong political signal that Africa is committed to the broader health and development agenda. Furthermore, the African Union Commission continues to advocate for increased domestic investments in health through the Africa Scorecard on Domestic Financing for Health, AU Statutory Meeting as well as in engagements with partners. AUC and ALMA will work together to encourage Member States to mobilize domestic resources, contribute to the replenishment and also in advocating at the highest level for donor commitments to be continued in order to ensure that we do not see any further reversal of the gains.

Conclusion

The roll out of the Zero Malaria Starts with Me Campaign in countries will play a catalytic role in creating social movements to defeat malaria and contribute to the strengthening National Malaria Control and Elimination Programmes. The advocacy and accountability tools that have been rolled out across countries as well increased engagement of key stakeholders including the private sector and promotion of new innovations are all critical elements. The push for adequate domestic investments and more value for money in the malaria fight will contribute immensely to strengthened health systems and build a strong foundation for human capital development which is a critical element for achieving the broader socio-economic and structural transformation objectives of Agenda 2030 and Agenda 2063. However, in the short- to medium-term Africa will not be able to fund adequately its health Agenda, Development Assistance for Health and global health financing mechanisms will continue to play an important role.

Additional Resources

African Union Assembly, Decision on the Report of the AIDS Watch Africa (AWA), Assembly/AU/Dec.709(XXXI), available at https://au.int/sites/default/files/decisions/34634-assembly_au_dec_690_-_712_xxxi_e.pdf.

African Union, Working Group of the Specialised Technical Committee on Health, Population, and Drug Control, *Catalytic Framework to End Aids, TB and Eliminate Malaria in Africa by 2030* (May 2016).


African Union, *Agenda 2063* (2014), available at <https://au.int/en/agenda2063>.

Goodbye Malaria, *MOSASWA Regional Initiative*, available at <https://www.nandos.com.au/fightingmalaria/spray-season-lift-off>.


United Nations, *Sustainable Development Goals* (2015), available at <https://sustainabledevelopment.un.org/?menu=1300>.

WHO, *Global Technical Strategy for Malaria 2016-2030* (May 2015), available at https://www.who.int/malaria/areas/global_technical_strategy/en/.

WHO, *World Malaria Report 2018* (Nov. 2018), available at <https://www.who.int/malaria/publications/world-malaria-report-2018/report/en/>.



—HIS MAJESTY KING MSWATI III OF THE KINGDOM OF ESWATINI



[ALMA is] an exceptionally powerful platform to work towards eliminating malaria on the continent

—HIS EXCELLENCY IDRISSE DÉBY ITNO,
PRESIDENT OF THE REPUBLIC OF CHAD


MEMBER STATES

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
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Eritrea
Eswatini
Ethiopia
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Ghana
Guinea
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Kenya
Lesotho
Liberia
Libya
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Malawi
Mali
Mauritania
Mauritius
Mozambique
Morocco
Namibia
Niger
Nigeria
Rwanda
Sahrawi Arab Democratic Republic
São Tomé and Príncipe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
South Sudan
Sudan
The Gambia
Togo
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Zimbabwe

ALMA SCORECARD FOR ACCOUNTABILITY AND ACTION

Fourth Quarter, 2018

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MALARIA ALLIANCE



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ALMA SCORECARD FOR ACCOUNTABILITY AND ACTION

Fourth Quarter, 2018



Fourth Quarter 2018	Commodities financed			Financial control	Monitoring and Management		Implementation	Impact		Tracer indicators for maternal and child health and NTDs								Fourth Quarter 2018		
	LLNIRS financing 2018 projection (% of need)	Public sector RDT financing 2018 projection (% of need)	Public sector ACT financing 2018 projection (% of need)	World Bank rating on public sector management and institutions 2017 (CPIA Cluster D)	Insecticide classes with mosquito resistance confirmed since 2010	Insecticide Resistance Monitoring and Management (Malaria PIR) since 2015	Scale of Implementation of ICCM (2017)	Operational LLNIRS coverage (% of at risk population)	Change in Estimated Malaria Incidence (2010-2017)	Change in Estimated Malaria Mortality Rate (2010-2017)	Mass Treatment Coverage for Neglected Tropical Diseases (NTD index, % (2017))	Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2017)	Estimated % of children (0-14 years old) living with HIV who have access to antiretroviral therapy (2017)	Perinatal care (48 hrs) delivered or assisted by skilled birth attendant	Exclusive breastfeeding (% children < 6 months)	Vitamin A Coverage 2016 (2 doses)	DPT3 coverage 2017 (vaccination among 0-11 month olds)	Country		
Country						Monitoring since 2015	National Roll Plan												Country	
Angola	91	100	100	3.0	3			▼ 89	103		▲ 77	55	28	74	30	33	92	52	Angola	
Benin	100	100	100	3.3	4			▲ 93	100		▲ 77	55	28	74	30	33	92	52	Benin	
Botswana	100	100	100	3.3	1			▲ 93	100		▲ 77	55	28	74	30	33	92	52	Botswana	
Burkina Faso	99	85	100	2.4	3			85	100		▲ 77	55	28	74	30	33	92	52	Burkina Faso	
Burundi	100	100	100	3.0	3			85	100		▲ 77	55	28	74	30	33	92	52	Burundi	
Cabo Verde	100	100	100	3.9	1			85	100		▲ 77	55	28	74	30	33	92	52	Cabo Verde	
Cameroon	100	100	100	3.0	3			▼ 47	100		▲ 81	49	25	65	28	55	68	68	Cameroon	
Central African Republic	100	100	100	2.1	3			100	100		▲ 79	57	29	64	33	3	47	47	Central African Republic	
Chad	100	100	100	2.2	2			100	100		▲ 79	57	29	64	33	3	47	47	Chad	
Comoros	100	100	100	2.6	0			100	100		▲ 79	57	29	64	33	3	47	47	Comoros	
Congo	100	0	0	2.5	3	▲		0	100		▲ 30	28	18	31	60	33	48	60	Congo	
Cote d'Ivoire	100	100	100	3.3	4			100	100		▲ 79	57	29	64	33	3	47	47	Cote d'Ivoire	
Democratic Republic of Congo	72	100	100	2.8	4			100	100		▲ 79	57	29	64	33	3	47	47	Democratic Republic of Congo	
Djibouti	100	100	100	2.7	4			100	100		▲ 79	57	29	64	33	3	47	47	Djibouti	
Equatorial Guinea	100	100	100	3.3	3			100	100		▲ 79	57	29	64	33	3	47	47	Equatorial Guinea	
Eritrea	100	100	100	2.5	3			100	100		▲ 79	57	29	64	33	3	47	47	Eritrea	
Eswatini	100	100	100	3.0	4			100	100		▲ 79	57	29	64	33	3	47	47	Eswatini	
Ethiopia	100	100	100	3.5	4			100	100		▲ 79	57	29	64	33	3	47	47	Ethiopia	
Gabon	100	100	100	3.0	4			100	100		▲ 79	57	29	64	33	3	47	47	Gabon	
Ghana	100	100	100	3.0	4			100	100		▲ 79	57	29	64	33	3	47	47	Ghana	
Guinea	100	100	100	2.9	3			▲ 67	100		▲ 88	38	18	23	11	21	21	21	Guinea	
Guinea Bissau	100	100	100	2.8	3			▲ 67	100		▲ 88	38	18	23	11	21	21	21	Guinea Bissau	
Kenya	100	100	100	3.4	4			▼ 82	100		▲ 40	75	82	62	53	81	81	81	Kenya	
Liberia	100	100	100	2.9	3			100	100		71	29	18	31	27	55	92	86	Liberia	
Madagascar	98	100	100	2.8	3			100	100		91	21	71	63	42	42	97	74	Madagascar	
Malawi	96	100	100	1.2	4			100	100		91	21	71	63	42	42	97	74	Malawi	
Mali	▲ 100	100	100	3.0	3			100	100		▲ 90	34	23	31	38	68	31	68	68	Mali
Mauritania	100	100	100	3.1	3			87	100		90	34	23	31	38	68	31	68	68	Mauritania
Mozambique	90	100	100	3.3	3			100	100		90	34	23	31	38	68	31	68	68	Mozambique
Namibia	100	100	100	3.0	0			87	100		90	34	23	31	38	68	31	68	68	Namibia
Niger	58	100	100	3.1	2			87	100		▲ 64	52	39	24	17	23	34	81	81	Niger
Nigeria	63	100	100	2.8	3			87	100		▲ 64	52	39	24	17	23	34	81	81	Nigeria
Rwanda	62	100	100	2.7	3			97	78		▲ 79	63	79	31	31	87	87	87	87	Rwanda
Sao Tome and Principe	100	100	100	3.2	1			100	100		71	29	18	31	27	55	92	86	Sao Tome and Principe	
Senegal	100	100	100	3.6	4			100	100		▲ 68	54	25	30	36	75	75	75	75	Senegal
Sierra Leone	100	100	100	1.1	2			100	100		▲ 68	54	25	30	36	75	75	75	75	Sierra Leone
Somalia	100	100	100	1.8	3			91	100		▲ 40	38	10	9	3	3	42	42	42	Somalia
South Africa	100	100	100	1.4	2			91	100		2	61	58	37	84	32	60	60	60	South Africa
South Sudan	100	60	100	1.8	3			100	100		2	61	58	37	84	32	60	60	60	South Sudan
Sudan	100	100	100	2.2	4			▼ 89	100		12	19	19	19	37	58	63	63	63	Sudan
The Gambia	100	100	100	2.9	4			▲ 72	63		▲ 72	63	29	37	26	47	27	92	92	The Gambia
Togo	100	100	100	2.8	3			100	100		6	37	36	36	36	71	71	71	71	Togo
Uganda	100	100	100	3.0	4			100	100		68	72	68	71	54	66	66	66	66	Uganda
United Republic of Tanzania	100	100	100	3.4	4			100	100		▲ 88	66	46	24	34	89	89	87	87	United Republic of Tanzania
Zambia	100	100	100	3.2	4			100	100		▲ 88	66	46	24	34	89	89	87	87	Zambia
Zimbabwe	100	100	100	2.8	3			90	100		▼ 15	84	90	85	47	36	89	89	89	Zimbabwe
Data Source	Roll Back Malaria	Roll Back Malaria	Roll Back Malaria	World Bank	World Health Organization	World Health Organization	UNICEF	The Alliance for Malaria Prevention & World Health Organization	World Health Organization	World Health Organization	World Health Organization	UNAIDS	UNAIDS	UNAIDS/World Health Organization	UNAIDS/World Health Organization	UNAIDS	World Health Organization	Data Source		

KEY: TARGET ACHIEVED OR ON TRACK PROGRESS BUT MORE EFFORT REQUIRED NOT ON TRACK NOT APPLICABLE COUNTRIES WITH A MALARIA CONTROL/ELIMINATION SCORECARD

NO DATA ▲ INCREASE SINCE LAST UPDATE ▼ DECREASE SINCE LAST UPDATE

DRAFT
DECISION ON THE AFRICAN UNION MALARIA PROGRESS REPORT
Doc. Assembly/AU/14 (XXXII)

The Assembly,

1. **RECOGNIZES** the “African Union Malaria Progress Report” and the recommendations contained therein;
2. **RECOGNIZES ALSO** the high level African leaders’ political commitment, national ownership and global solidarity;
3. **REITERATES** the AU Assembly Decision to support the replenishment of the Global Fund to Fight AIDS, TB and Malaria;
4. **EXPRESSES CONCERN** that progress towards malaria elimination is stalling and **CALLS** on Member States to increase domestic resources necessary to achieve elimination by 2030;
5. **COMMENDS** Member States that have launched the Zero Malaria Starts With Me campaign and **REQUESTS** the AUC, RBM Partnership to end Malaria and ALMA to further support additional roll out and implementation including the development of a monitoring and evaluation framework;
6. **REQUESTS** Member States, with support of the AUC, RECs, RBM Partnership to End Malaria, ALMA and partners to accelerate the establishment of national End Malaria Councils and Malaria Funds to galvanise political commitment and increased domestic investments from the public and private sector;
7. **ENCOURAGES** increased utilisation and uptake of national malaria control and elimination scorecards and action trackers by AU Member States to drive action and accountability;
8. **REQUESTS** Member States with the support of the AUC, RBM Partnership to End Malaria, ALMA and partners to work towards an enabling environment and ensure the availability of affordable, effective, safe, next-generation malaria commodities through regulatory harmonization and support for local production including innovative initiatives to increase availability and scalability;
9. **REQUESTS** Member States to fully utilize the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights and subsequent Declarations and articles to promote access to medicines for all;
10. **REQUESTS** the Chairperson of ALMA to report to the Assembly annually on progress in responding to Malaria in Africa.

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2019-02-10

Report of His Majesty King Mswati III King of Eswatini and leader on Malaria Alliance

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